

# Installer's Permit Application

## CENTRAL DISTRICT HEALTH DEPARTMENT

*Standard and Basic Alternative System Permit fee of \$50  
Basic and Complex Alternative System Permit fee of \$100*

Boise Office  
327-7499

707 N. Armstrong Place  
Boise, ID 83704

McCall Office  
634-7194

703 North 1st  
McCall, ID 83638

Mtn. Home Office  
587-9225

520 East 8th North  
Mtn. Home, ID 83647

**Business Name**

\_\_\_\_\_

**Business Address**

\_\_\_\_\_

City

Zip

Phone

**Business**

**Mailing Address**

\_\_\_\_\_

City

State

Zip

**Ownership Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

City

State

Zip

Phone

**Partners:**

Name

Address

Name

Address

Name

Address

**Signature:**

\_\_\_\_\_

Submit a copy of Surety Bond with fee and application.

Office Use Only

Receipt # \_\_\_\_\_  
Test Score \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Approved \_\_\_\_\_

Bond

\_\_\_\_ Continuous

\_\_\_\_ Expiration Date

Continuing Education

Date Completed \_\_\_\_\_

Date Expired \_\_\_\_\_